

**IDAHO DEPARTMENT OF CORRECTION
DISTRICT 4 BUREAU OF PROBATION AND PAROLE, PRESENTENCE OFFICE**

2161 Old Penitentiary Road Boise, Idaho 83712
OFFICE: (208) 334-3190, Ext. 10 FAX: (208) 334-3252

The Court has ordered a Presentence Investigation (PSI) prepared for sentencing in your case. The purpose of the PSI is to give your sentencing Judge all information available concerning your history and background to help him or her in determining a fair and just sentence.

The attached personal history questionnaire is to be completed IN FULL by you, in your own handwriting. DO not leave out any information or give false information, either in writing or verbally to your investigator. SUCH ACTION WILL BE BROUGHT TO THE ATTENTION OF YOUR SENTENCING JUDGE.

You are required to check in at the above listed address, in person, immediately upon having a PSI ordered to schedule an interview. If you are in custody and bond out of jail prior to meeting with an investigator, contact the Presentence Office immediately to schedule an appointment.

For your information, there is a \$100.00 fee for your Presentence Investigation. This fee can be paid after you are sentenced. There is an additional \$100.00 fee to apply for an Interstate Compact. Both of these fees must be paid prior to an Interstate Compact being considered.

If you are in custody at the Ada County Jail, complete this packet **IMMEDIATELY**. Probation and Parole Officer Larry Clemens, or his designee, may pick up your questionnaire within one week. If you complete your questionnaire before this time, notify Officer Clemens, and he will send it to your assigned investigator. If you lose or damage your questionnaire, you can obtain a new one from the Law Library for a fee.

For your interview, bring this completed questionnaire. The interview will take approximately 1 - 1.5 hours. Make arrangements for transportation and childcare as appropriate. Please note that the Presentence Investigation is a Court Order. Therefore, if you fail to check in or fail to appear for your scheduled interview, we will notify the Court and this could result in a warrant being issued for your arrest or revocation of your bond.

Please bring the following with you when you come in for your interview:

1. Attached form completed and signed.
2. Social Security Card, Driver's License, Automobile Registration
3. Last two pay stubs
4. Certificates of training/educational accomplishments
5. Physical and mental health records/letters from doctors or hospitals, if applicable
6. Letters of character reference

WHEN YOU REPORT FOR THE PSI INTERVIEW, DO NOT BRING: children, backpacks, purses, hats, cell phones, weapons, or explosives.

PRESENTENCE INVESTIGATION
PERSONAL HISTORY QUESTIONNAIRE

Legal Name: _____
Last Name First Name Middle Name

Other names you have used (Maiden Name / Former Married Name / Name You Were Born With / Adopted Name / Alias / Nicknames): _____

Physical Address: _____
House Number & Street Name Apt./Unit # City State Zip Code

Mailing Address: _____

Telephone #: _____ Message #: _____

EMAIL address: _____

Social Security Number: _____

List other Social Security Numbers you have used: _____

Sex: _____ Height: _____ Weight: _____ Age: _____ Hair Color: _____ Race: _____

Complexion: _____ Eye Color: _____ Glasses: _____ Contacts: _____ Both: _____

Circle one: LEFT- HANDED or RIGHT-HANDED or BOTH

Date of Birth: _____ Other Dates of Birth you have used: _____

Place of Birth: _____
City State Country

U.S. Citizenship: YES / NO Other Citizenship (if any): _____

If Resident Alien: Year obtained _____, Number(s) _____

If born outside of the U.S. and you have obtained Citizenship, when was it obtained? ____ / ____ / ____

MARITAL STATUS (please mark one)

Never Married [] Married [] Divorced [] Separated [] Widow(er) [] Domestic Partner []

Driver's License Number: _____ Do you have a valid Driver's License? YES / NO

Do you own a vehicle or drive a vehicle regularly? YES / NO If yes, list the following: Make _____

Model _____ Color _____ Year _____

Registered Owner _____ License Plate Number _____

Defendant's Version of the Crime (Your written version):

Please write your version of the crime on the following lines. Stick to the facts, but explain HOW and WHY the crime occurred. Please write so the investigator/interviewer can read it. Sign and date your written version when you are finished. **(PLEASE BE THOROUGH)**

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Your Signature _____

Date Signed _____

Looking back on it now, how do you feel about having committed the crime(s)? _____

Co-Defendant(s) (if any): _____

Were you under the influence of: ALCOHOL – DRUGS – NONE when you committed the crime(s)?

(Circle one, both, or none)

PRIOR ARREST AND CONVICTION HISTORY

(Include all **Juvenile** and **Adult Misdemeanors, Felonies** and **Traffic Citations**)

Date of Arrest	City, County, & State	Crime	Sentence

Were you with friends or acquaintances when you committed the current offense? YES / NO

Were you with friends or acquaintances when you committed any prior crimes? YES / NO

What percentage of your friends or acquaintances are or have been involved in criminal activity? _____

Age at first arrest _____

Have you ever been incarcerated upon a conviction, as a juvenile? YES / NO As an adult? YES / NO

Have you ever received disciplinary action for jail or prison misconduct? YES / NO. If Yes, what for: _____

List the cities and states where you have been in jail or prison: _____

Have you ever escaped or attempted to escape from a youth or adult correctional facility, including institutional and/or community release facilities? YES / NO

Have you ever been on probation or parole? (Including Juvenile) YES / NO

Are you currently on probation or parole? (Including Juvenile) YES / NO

If yes (on past or current), list the name of your Probation/Parole Officer, where, when, and why you were on supervision: _____

Did you ever have any probation/parole violations? YES / NO If yes, what were your violations? _____

TATTOOS, SCARS, BIRTHMARKS

TYPE Scar/Mark/Tattoo/Missing Part	LOCATION	DESCRIPTION

FAMILY HISTORY

Biological Father: _____ Living (YES / NO/ UNKNOWN) Age _____

Address: _____ Telephone: _____
 Street City State Zip

Is this person an emergency contact: (YES / NO)

What does he do for a living? _____

Describe your relationship and the amount of contact you have with your father currently (Is he helpful? Do you argue? Is he aware of this crime?): _____

Biological Mother: _____ Living (YES / NO/ UNKNOWN) Age _____

Address: _____ Telephone: _____
 Street City State Zip

Is this person an emergency contact: (YES / NO)

What does she do for a living? _____

Describe your relationship and the amount of contact you have with your mother currently (Is she helpful? Do you argue? Is she aware of this crime?): _____

Step Father: _____ Living (YES / NO/ UNKNOWN) Age _____

Address: _____ Telephone: _____
 Street City State Zip

What does he do for a living? _____

Step Mother: _____ Living (YES / NO/ UNKNOWN) Age _____

Address: _____ Telephone: _____
 Street City State Zip

What does she do for a living? _____

Describe your relationship with your stepparent(s): _____

Were you adopted? YES / NO If yes, at what age: _____ Who adopted you? _____

Were you ever in foster care? YES / NO If yes, please list the reason why: _____

SIBLINGS

Number of Brothers: _____ Number of Sisters: _____ Your position in the family: (e.g., 3 of 5) _____
Step Brothers: _____ Step Sisters: _____
Half Brothers: _____ Half Sisters: _____

Brother(s) (First and Last Name)	Age	City	State	Home Telephone

Sister(s) (First and Last Name)	Age	City	State	Home Telephone

Describe your relationship with other relatives? (brothers, sisters, grandparents, cousins, in-laws, aunts, uncles)

Do any members of your family, including spouse and close relatives, have a criminal record? YES / NO

If yes, list whom and list their crime: _____

Have you ever been the victim of physical or sexual abuse? YES / NO If yes, explain: _____

Have you ever physically or sexually assaulted someone else? YES / NO If yes, explain: _____

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INTERESTS AND ACTIVITIES

What do you enjoy doing in your spare time? _____

Do you belong to any type of organizations? YES / NO If yes, name them: _____

Do you have any gang affiliations or would local law enforcement officers consider you to be a member or affiliated with a gang? YES / NO If yes, which one: _____

RESIDENCE HISTORY (Include Military Duty Stations)

Last address, if incarcerated: _____
(or current address, if not) House / Apt. Number Street Name City State Zip Phone

Date you moved into the above residence: ____ / ____ / ____ (best estimate)

Have you moved three or more times during the past year? YES / NO

Do you like the place in which you live? YES / NO Do you plan to move? YES / NO

Do you consider your neighborhood a high crime area? YES / NO

Who are the other occupants, including children, in the home? Please list (name, age, relationship): _____

Are there any animals in the home? YES/NO If yes, please list the type and number of each: _____

If you are incarcerated, where do you plan on living, should you be released from custody, (list address) and who lives at that residence at this time? _____

Where else in Idaho have you lived? _____

In what other states or countries have you lived? _____

List all the weapons in your home, vehicle, or those kept by friends or family members (i.e. rifles, handguns, BB guns, hunting knives, swords, blow darts, martial arts weapons, etc.): _____

MARITAL/ RELATIONSHIP HISTORY

CURRENT

Name: _____ Age: _____ Relationship: _____

Address: _____ Telephone: _____
Street City State Zip

Is this person an emergency contact: (YES / NO)

Date of Marriage and/or Equivalent (circle one): ____ / ____ / ____

Are you satisfied with your relationship situation? YES / NO Please describe this relationship: _____

If single, do you enjoy being single or would you rather be involved in a relationship? _____

PREVIOUS MARRIAGES / SIGNIFICANT RELATIONSHIPS

(Please list all significant relationships. Include those resulting in a child, no matter how brief)

1st: _____ Age (currently): _____

Name of former spouse/partner

Address: _____ Telephone: _____

Street City State Zip

Date of (circle one) marriage or equivalent: ____ / ____ / ____ Date relationship ended: ____ / ____ / ____

Please describe this relationship: _____

Reason for the relationship ending: _____

2nd: _____ Age (currently): _____

Name of former spouse/partner

Address: _____ Telephone: _____

Street City State Zip

Date of (circle one) marriage or equivalent: ____ / ____ / ____ Date relationship ended: ____ / ____ / ____

Please describe this relationship: _____

Reason for the relationship ending: _____

3rd: _____ Age (currently): _____

Name of former spouse/partner

Address: _____ Telephone: _____

Street City State Zip

Date of (circle one) marriage or equivalent: ____ / ____ / ____ Date relationship ended: ____ / ____ / ____

Please describe this relationship: _____

Reason for the relationship ending: _____

CHILDREN

(Please write any additional children on back of this page with this info included)

Full Name	Date of Birth/Age	Gender	Address, City, State Phone	Lives with...	Other Parent

Describe your relationship with your children (amount of contact, physical/joint custody, etc.): _____

Have you ever been ordered by the Court to pay child support: YES / NO If yes, how much? \$ _____

To whom do you pay the child support (which State)? _____

Do you owe back child support? YES / NO If yes, how much? \$ _____

Have you ever been involved with the Department of Health & Welfare and/or Family/Child Services regarding issues of child protection (abuse, neglect, etc.)? YES/NO If yes, when, and please explain: _____

Are you actively working with the Department of Health and Welfare at this time: YES / NO

If yes, list your Case Worker and case plan requirements: _____

EDUCATION

Name of the junior high or high school you last attended: _____

City and State: _____

Last grade you COMPLETED: _____ Date you last attended: ____ / ____ / ____ (best estimate)

Did you graduate from High School? YES / NO If yes, when did you graduate? ____ / ____ / ____

If not, why? _____

Were you ever suspended or expelled from school? YES / NO If yes, list the reason(s): _____

If you didn't graduate, did you obtain your GED? YES / NO Did you complete your HSE? YES / NO

When did you obtain the GED? ____ / ____ / ____ Where? _____

Name/place of the last college/vocational school you attended (if any): _____

Did you graduate from college/or complete a vocational program: YES / NO

If yes, when? ____ / ____ / ____ List degree/certificate: _____

If not, please explain why: _____

Were you ever in Special Education Classes or diagnosed with a learning disability in school? YES / NO

If yes, please explain: _____

Do you have any problems reading, writing, speaking or understanding English? YES / NO

If yes, please explain: _____

What foreign languages do you speak, read and/or write? _____

MILITARY

(Bring a copy of your DD Form 214 long form)

If male, did you register with Selective Service when you turned 18? YES / NO

Have you ever served in the military? YES / NO If Yes: Date you entered military service: ____ / ____ / ____

What branch of service? _____ What was your position and rank: _____

What technical military schools did you attend and what were you taught? _____

What was the highest rank you held? _____ What was your rank at discharge? _____

Did you ever receive any military Disciplinary Action (i.e., Article 15, Summary court-martial, Special court-martial, or General court-martial)? YES / NO If yes, then explain: _____

Did you ever serve in any recognized war zone? YES / NO If yes, where? _____

Date of discharge: ____ / ____ / ____ Type of discharge: _____

EMPLOYMENT HISTORY

Please bring in last two pay stubs

Present Employer: _____

Address: _____

Business Address

City

State

Zip

Telephone: _____ Title/Position: _____ Wage/Salary: _____

Date you started this job: ____ / ____ / ____ Is your employer aware of this charge: _____

Your supervisor's full name: _____

Do you get along with your boss _____, like and/or respect him/her _____, willingly follow his/her orders _____, seek his/her opinion on personal matters _____?

Do you get along with your co-workers? YES / NO Do you like your work? YES / NO

How many hours are you working per week? _____

Second Employer (if any): _____

Address: _____

Business Address City State Zip
Telephone: _____ Title/Position: _____ Wage/Salary: _____

Date you started this job: ____ / ____ / ____ Is your employer aware of this charge: _____

Your supervisor's name: _____

How many hours are you working per week? _____

Are you receiving SSI benefits for a disability? YES / NO Date you started receiving benefits: ____ / ____ / ____

Reason you are receiving benefits: _____

PAST EMPLOYERS (Please list most recent employer first)

Employer's Name or Business Name: _____

Address: _____

Business Address City State Zip
Telephone: _____ Title/Position: _____ Wage/Salary: _____

Dates Employed-From: ____ / ____ / ____ To: ____ / ____ / ____

Supervisor's full name: _____

Why did you leave this job? _____

Employer's Name or Business Name: _____

Address: _____

Business Address City State Zip
Telephone: _____ Title/Position: _____ Wage/Salary: _____

Dates Employed-From: ____ / ____ / ____ To: ____ / ____ / ____

Supervisor's full name: _____

Why did you leave this job? _____

Employer's Name or Business Name: _____

Address: _____

Business Address

City

State

Zip

Telephone: _____ Title/Position: _____ Wage/Salary: _____

Dates Employed-From: ____ / ____ / ____ To: ____ / ____ / ____

Supervisor's full name: _____

Why did you leave this job? _____

What job skills/experience do you have? _____

Do you have any problems holding steady employment? YES / NO If yes, please explain: _____

What is the longest period of time you held the same job? _____ Where: _____

During the past year, how many months total have you been employed? _____

Have you ever been fired? YES / NO Why? _____

PHYSICAL HEALTH

How would you describe your physical health? _____

Do you have any allergies? YES / NO If yes, then explain: _____

Have you ever had Surgery? YES / NO If yes, then explain: _____

Have you ever had any major injuries? YES / NO If yes, then explain: _____

Do you have any long term, serious health problems or any medically diagnosed physical or mental health limitations? YES / NO If yes, please list: _____

Are you currently under a doctor's care? YES / NO If yes, please list reason in the following grid:

Problem	Date of Onset/Diagnosis	Treating/Diagnosing Physician	Disability Income	Current Treatment

Are you taking any prescription medications: YES / NO If yes, then please list:

Name of medication	Why are you taking it	How often do you take it	Prescribing doctor	Date of first use

MENTAL HEALTH

(Do not include Alcoholism or Drug Addiction)

Have you ever received psychological (individual mental health and/or family) counseling? YES / NO

If yes, give the name, address and telephone number of the doctor and/or counselor: _____

When did you obtain an evaluation and/or begin counseling? _____

How often did you attend counseling? _____

Why are you, or why were you receiving counseling? _____

Have you ever considered/attempted suicide? YES / NO If yes, explain: _____

Do you have a tendency to isolate yourself from others? YES / NO If yes, explain: _____

Do you think you would benefit from mental health counseling now? YES / NO If yes, please explain: _____

Do you feel you need an evaluation currently (such as for depression, anxiety, etc.)? YES / NO If yes, please explain: _____

Have you ever been admitted to a mental (psychiatric) institution: YES / NO If yes, please explain why and where, and also include dates of admission and discharge: _____

Is there a history of mental health problems in your family? YES/NO If yes, please explain: _____

SUBSTANCE ABUSE

ALCOHOL

How old were you when you first began drinking alcoholic beverages? _____

What alcoholic beverages do you usually drink? _____ How many? _____

How often do you drink? (Daily, weekly, etc.) _____ When did you last drink? ____ / ____ / ____

Has there been a time when your use of alcohol was more than it is now? YES / NO If yes, explain: _____

Where do you usually drink? _____ With whom? _____

How often do you become intoxicated, on average? _____

Do you feel you have a problem with your alcohol use? YES / NO If yes, please explain: _____

DRUGS

Are you now or have you ever been an IV user? YES / NO If yes, how long? _____

What is your drug of choice: _____

Do you feel you have a problem with your drug use? YES / NO / UNSURE If yes, please explain: _____

Please describe your history of drug use, even if you tried a substance only one time

DRUG TYPE	AGE OF FIRST USE	FREQUENCY OF USE (Daily, Weekly, Etc.)	METHOD (Smoke, Snort, IV, etc.)	AMOUNT USED	DATE OF LAST USE (Month/Day/Year)
Marijuana/hashish					
Methamphetamine (crank, speed, crystal)					
Cocaine/crack					
Heroin/methadone					
Hallucinogens – LSD, PCP, mushrooms, Peyote					
Designer/Club drugs – Ecstasy, MDA, GHB, Vitamin K					

DRUG TYPE	AGE OF FIRST USE	FREQUENCY OF USE (Daily, Weekly, Etc.)	METHOD (Smoke, Snort, IV, etc.)	AMOUNT USED	DATE OF LAST USE (Month/Day/Year)
ABUSED prescription meds		List meds:			
ABUSED - over-the-counter medications, Antabuse., etc.		List type:			
Inhalants		List type:			
Synthetic Cannabis: Hayze/Spice					
Designer Stimulants: "Love"/Bath Salts					
Other:					

Have you ever had counseling or a treatment program for alcohol/drug abuse issues? YES / NO If yes:

1 - Date: _____ Location (Name, City, State): _____

Length of program: _____ Complete (YES / NO), if no, explain: _____

Length of time sober upon completion/end of program: _____

2 - Date: _____ Location (Name, City, State): _____

Length of program: _____ Complete (YES / NO), if no, explain: _____

Length of time sober upon completion/end of program: _____

Do you have a desire to stop using alcohol / drugs? YES / NO

Is an alcohol / drug treatment program necessary for you at this time? YES / NO

Do you feel you have too many outside obligations to be in an alcohol /drug treatment program? YES / NO

Has your use of alcohol/drugs contributed to problems with marital or family situations? YES / NO

Has your use of alcohol/drugs contributed to problems with school or employment? YES / NO

Has your use of alcohol/drugs contributed to problems with law enforcement? YES / NO

Has your use of alcohol/drugs contributed to physical complaints or have you been warned by your doctor regarding your alcohol use? YES / NO

Substance Abuse Comments and/or your plan for recovery: _____

TCU Drug Screen II

During the last 12 months (before being incarcerated, if applicable) -

YES NO

1. Did you use larger amounts of alcohol/drugs or use them for a longer time than you had planned or intended? _____

2. Did you try to cut down on your drug use but were unable to do it? _____

3. Did you spend a lot of time getting alcohol/drugs, using them, or recovering from their use? _____

4. Did you get so high or sick from alcohol/drugs that it--

a. kept you from doing work, going to school, or caring for children? _____

b. caused an accident or put you or others in danger? _____

5. Did you spend less time at work, school, or with friends so that you could use alcohol/drugs? _____

6. Did your alcohol/drugs use cause--

a. emotional or psychological problems? _____

b. problems with family, friends, work, or police? _____

c. physical health or medical problems? _____

7. Did you increase the amount of alcohol/drugs you were drinking/taking so that you could get the same effects as before? _____

8. Did you ever keep drinking/taking alcohol/drugs to avoid withdrawal or keep from getting sick? _____

YES NO

9. Did you get sick or have withdrawal when you quit or missed drinking/taking alcohol/drugs? _____

FINANCIAL

Have you ever filed for Bankruptcy? YES / NO If yes, please explain the reason and circumstances, as well as the amount: _____

Are you worried about having sufficient money to pay debts? YES / NO

ASSETS	Value	LIABILITIES	Outstanding Balance
Automobile	\$	Automobile Loan	\$
Cash (Include bank accts)	\$	Child Support Debt	\$
Collectables	\$	Credit Cards	\$
Firearms/Weapons	\$	Fines	\$
Furniture/Appliances	\$	Garnishments	\$
Home	\$	Home Mortgage	\$
Livestock	\$	Legal Expenses	\$
Other Real Estate	\$	Other Debts	\$
Recreational Vehicles	\$	Other Loans	\$
Stocks/Bonds	\$	Restitution	\$
Tools	\$	Student Loans	\$
Other:	\$	Taxes	\$
Other:	\$	Other:	\$

INCOME PER MONTH

EXPENSES PER MONTH

Monthly Payment

Alimony	\$	Alimony	\$
Child Support	\$	Attorney fees	\$
Disability	\$	Auto Loan	\$
Food Stamps	\$	Cable TV/Internet	\$
Spouse's (sig. other) income	\$	CC/fines	\$
Investment income	\$	Cell Phone	\$
Other government income	\$	Child Care	\$
Retirement	\$	Child Support	\$
Social Security	\$	Clothing	\$
Unemployment	\$	Cost of Supervision	\$
Wages	\$	Fuel	\$
Welfare	\$	Grocery	\$
Workman's Compensation	\$	Insurance	\$
Other:	\$	Loan Repayment	\$
	\$	Medical	\$
	\$	Monthly Other:	\$
	\$	Mortgage/Rent	\$
	\$	Recreation	\$
	\$	Restitution	\$
	\$	Tobacco	\$
	\$	Treatment/Counseling	\$
		Utilities	\$

SELF EVALUATION (your values and outlook on life)

What is important to you in life? _____

What are your current goals? What goals have you already reached? _____

List the problem areas or factors in your life that have contributed to your criminal behavior:

1) _____

2) _____

3) _____

How will you work on changing each of these problem areas or what do you plan on doing to avoid any future legal problems, including probation or parole violations?

1) _____

2) _____

3) _____

Considering the crime you have been convicted of, combined with your background and circumstances, the most appropriate sentence would be: _____. If you have a plea agreement, what is it and do you feel it is fair? _____

Comments to the Court: (Will be quoted verbatim): _____

**THE INFORMATION WHICH I HAVE FURNISHED IN THIS PRESENTENCE INVESTIGATION
PERSONAL HISTORY QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE.**

Date Signed: _____

Defendant's Name Printed

Defendant's Signature

**IF SOMEONE ELSE FILLS OUT THIS QUESTIONNAIRE FOR YOU, THEN THAT PERSON MUST
ALSO SIGN AND DATE IT.**

Date Signed: _____

Name Printed

Signature